

**State of Utah**  
**Department of Agriculture and Food**  
**Fish Health Program**  
**PO Box 146500, Salt Lake City UT 84114-6500**  
**Phone: (801)538-7029 Fax: (801)538-7126**

**NOTICE OF TREATMENT FOR ASIAN TAPEWORM**

Instructions: Complete, sign, and mail or fax with USFWS Triploidy Verification Report (for grass carp only) to above address before fish shipment. This form will be signed by the Utah Fish Health Program Manager and returned by fax. The completed form, entry permit, and triploid verification must accompany fish during shipment.

Owner/Exporter \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Current Utah Fish Health Approval Number \_\_\_\_\_

Importer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Estimated Date of Importation \_\_\_\_\_

Destination of fish in Utah \_\_\_\_\_  
\_\_\_\_\_

Veterinarian \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Veterinary License # \_\_\_\_\_

Species, size/age, and number to be exported into Utah \_\_\_\_\_  
\_\_\_\_\_

Calculated dosage of Droncit (use volume of treatment water and amount of Droncit used) \_\_\_\_\_  
\_\_\_\_\_  
Fish density at beginning of treatment \_\_\_\_\_  
Fish density at end of 72 hour treatment \_\_\_\_\_  
Inclusive dates of 72 hour treatment \_\_\_\_\_

I, the undersigned, certify that treatment of the above listed fish for Asian tapeworm was conducted according to Utah policy (see attached) and that these fish are **not intended for human consumption**. I further certify, that following treatment, these fish will be reared and transported to and within Utah in well water free of hosts and carriers of the Asian tapeworm.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Exporter

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Importer

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Veterinarian

Concurring Signature \_\_\_\_\_ Date \_\_\_\_\_  
Utah Fish Health Program Manager

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**NOTICE OF TESTING FOR ASIAN TAPEWORM**

Instructions: Complete, sign, and mail or fax with USFWS Triploidy Verification Report (for grass carp only) to above address before fish shipment. This form will be signed by the Utah Fish Health Program Manager and returned by fax. The completed form, entry permit, and triploid verification must accompany fish during shipment.

Owner/Exporter \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Current Utah Fish Health Approval Number \_\_\_\_\_

Importer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Estimated Date of Importation \_\_\_\_\_

Destination of fish in Utah \_\_\_\_\_  
\_\_\_\_\_

Species, size/age, and number to be exported into Utah \_\_\_\_\_  
\_\_\_\_\_

Date of fish testing (inspection) \_\_\_\_\_

Inspector Name \_\_\_\_\_  
Laboratory Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

Number of fish examined (attach inspection results to this form) \_\_\_\_\_

Lab Inspection Number and Inspection Date \_\_\_\_\_

I, the undersigned, certify that the information on this form is complete and true. In lieu of testing, I certify that the fish to be shipped have been reared for their entire life in well water free of hosts and carriers of Asian tapeworm. I further certify that the fish to be shipped will be transported in well water free of hosts and carriers of the Asian tapeworm. **These fish are not intended for human consumption.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Exporter

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Importer

Concurring Signature \_\_\_\_\_ Date \_\_\_\_\_  
Utah Fish Health Program Manager